

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) KPR-T3229A-RE
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>KRATON Polymers U.S. LLC</u></p> <p>and the title of my position with said assignee is: <u>Intellectual Property Asset Manager</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor Dale L. Handlin, Jr.	Citizenship United States of America	
Residence/Mailing Address 14211 Heatherhill Pl., Houston, Texas 77077		
Inventor Daniel E. Goodwin	Citizenship United States of America	
Residence/Mailing Address 22307 Cimarron Parkway, Katy, Texas 77450		
<input checked="" type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number 5,393,843	Date of Patent Issued February 28, 1995	
Title of Invention Butadiene Polymers Having Terminal Functional Groups		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p><u>Butadiene Polymers Having Terminal Functional Groups</u></p>		
<p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>September 5, 2003</u> as reissue application number <u>10</u> / <u>655,988</u></p> <p>and was amended on _____ (If applicable)</p>		
<p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p>		
<p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p>		
<p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/52 (07-03)

Approved for use through 01/31/2004, OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Docket Number (Optional)  
KPR-T3229A-RE

At least one error upon which reissue is based is described as follows:

The Patentee claimed more than he had a right to claim in the patent.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

 Practitioners at Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
Gene L. Tyler	35,395
Dean F. Vance	27,603
Paul S. Madan	33,011
Michael A. Masse	53,281

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

 Customer Number:  24923

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name) Michael A. Masse

Signature

Date

2/17/06

Address of Assignee 3333 Highway 6 South, Houston, Texas 77082

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